Post-Deployment Health Reassessment (PDHRA)

Clinician Training

United States Marine Corps

February 2006

Background on the Post-Deployment Health Reassessment (PDHRA)

- Reassessment of the health of all re-deployed service members at 90-180 days post-deployment was ordered by ASD(HA) on 10 March 2005
- ASN(M&RA) concurred on 05 July 2005
- Implementation guidance for the Marine Corps is contained in two MARADMIN messages due for release in February 2006
- The major reason for performing a health reassessment at 3 to 6 months post-deployment is concern over possible delayed mental health problems related to deployment stress

PDHRA Key Elements

- **Outreach:** Directly asking Marines and Sailors about their health problems after deployment, instead of waiting for them to step forward
- **Education:** An educational brief must be delivered to all unit Marines and Sailors around the same time as the PDHRA, preferably immediately before it
- **Health Reassessment:** PDHRA is filled out by each Marine and Sailor electronically
- **Detailed Evaluation and Treatment:** Face-to face interview of each Marine and Sailor is required, with referral recommendations documented electronically
- **Follow-up and Case Management:** Referrals and treatment plans established on the PDHRA must be followed up to ensure compliance and adequacy

Steps in the PDHRA Process

- Marines who are 90-180 post-deployment are identified by their current commands (including those who deployed with a previous command)
- Marines fill out the member portions of PDHRA, DD Form 2900, electronically via Naval Environmental Health Center (NEHC) Website
- Marine is interviewed by medical provider who attends to all positive responses
- Medical provider documents assessment and referral recommendations also via NEHC
- Referrals and appointments for medical follow-up are made through routine channels
- For more service member and medical provider info, see www-nehc.med.navy.mil/PDHA/Users_Guide.pdf

PDHRA Overview: General Health (Questions 1-6)

- Demographics
- Overall health status
- Comparison of current health status with pre-deployment health status
- Injuries, wounds, or assaults during deployment
- Health care use since return from deployment
- Current health concerns that service member believes are related to the most recent deployment

Role of Health Care Provider: General Health (Questions 1-6)

- Develop a sense of service member's general health through interviewing
- Review service member's DD 2795, 2796, and other health records available
- Refer health concerns identified during interview to Primary Care Provider (PCP) for evaluation and treatment or specialty care if warranted
- Attend to urgent or emergent care needs

PDHRA Overview: Exposure Concerns (Question 7)

- Question 7: “Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed?”
- Exposure worry or concern even in absence of symptoms

Role of Health Care Provider: Exposure Concerns (Question 7)

- Determine if the service member has concerns
- Can the concerns be answered by the screening health care provider with information/risk communication tools at hand?
- If significant health effect, or cannot be answered by screening provider:
  - Refer for follow-up with PCP or specialist
  - Provide information on resources available

Resources for Exposure Concerns

- DoD Deployment Health Clinical Center (DHCC) site: www.pdhealth.mil
- Naval Environmental Health Center (NEHC): www-nehc.med.navy.mil
- US Army Center for Health Promotion and Preventive Medicine (USACHPPM) site: chppm-www.apgea.army.mil/

PDHRA Overview: Mental Health Screening (Question 8-12)

- Mental health screening on PDHRA covers four domains:
  - Interpersonal conflict, adjustment difficulties
  - PTSD
  - Alcohol abuse
  - Depression
- You must be aware of barriers to acknowledging mental health problems post-deployment
  - Shame over perceived weakness
  - Fear of adverse career repercussions
  - Denial (individual is consciously unaware of even serious stress symptoms)

Role of Health Care Provider: Mental Health Question 8

- Question 8 : “Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern?”
- A positive response to question 8 should be considered a request for help
- At minimum, refer to counseling services via MCCS, MCCS OneSource, military MTF, VHA, Vet Centers, or pastoral care (depending on responses to other mental health questions)

Overview of PDHRA: PTSD Screening (Question 9)

- Question 9: “Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you…
  a. Have had any nightmares about it or thought about it when you did not want to?
  b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
  c. Were constantly on guard, watchful, or easily startled?
  d. Felt numb or detached from others, activities, or your surroundings?
- Increasing positive symptoms implies increasing risk of PTSD

Role of Health Care Provider: PTSD Screening (Question 9)

- A positive response to any of the four parts of Question 9 requires further questioning:
  - What was/were the upsetting experience(s)? (But do not probe for details.)
  - How long ago did this happen?
  - How did you react at the time of this/these upsetting experience(s)? Listen for evidence of:
    - ✓ Terror, horror, or helplessness
    - ✓ Dissociation (going “blank” or numb, feeling unreal, etc.)
    - ✓ Hyper-arousal
    - ✓ Loss of control (physical or emotional)

Role of Health Care Provider: PTSD Screening (Question 9) [Cont.]

- A positive response to any of the four parts of Question 9 also requires careful screening for the cardinal symptoms of PTSD:
  - Intrusive recollections (repetitive nightmares, disturbing daytime images, “flashbacks”)
  - Emotional numbing (lack of usual emotional range and depth) and avoidance of reminders of events
  - Physiological hyper-arousal (difficulty relaxing, insomnia, panic attacks, rage attacks)
- Also ask how these symptoms have affected the Marine’s ability to do his/her job, relate to family and friends, and maintain peace of mind

Role of Health Care Provider: Alcohol Abuse (Question 10)

- Question 10 assesses for alcohol abuse:
  - In the PAST MONTH, did you use alcohol more than you meant to?
  - In the PAST MONTH, have you felt that you wanted or needed to cut down on your drinking?
- One positive should lead to additional queries
  - Alcohol abuse is a prevalent problem
  - Supplemental guidance available in Substance Use Disorder Clinical Practice Guideline
  - Guidelines available on www.pdhealth.mil

Role of Health Care Provider: Depression Screening (Question 11)

- Question 11: “Over the PAST MONTH, have you been bothered by the following problems:”
  a. Little interest or pleasure in doing things?
  b. Feeling down, depressed, or hopeless?
- A positive response to either part of Question 11 should prompt inquiry about SIG-E-CAPS depressive symptoms:
  - **S**leep problems?
  - **I**nterest loss?
  - **G**uilt (excessive)?
  - **E**nergy loss?
  - **C**oncentration problems?
  - **A**ppetite changes?
  - **P**leasure diminished?
  - **S**uicidal thoughts or behaviors?

Role of Health Care Provider: Functional Impairment (Question 12)

- Question 12: “If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?”
- Whatever response the Marine gives to Question 12, carefully assess the degree of impairment the symptoms elicited so far have had on:
  - Social functioning
  - Occupational functioning
  - Sense of well-being or hope for the future
- Any significant functional impairment and loss of well-being should prompt referral

Role of Health Care Provider: Referral Desires (Questions 13-16)

- Questions 13-16 ask whether the Marine wishes to receive information or be referred to a chaplain, counselor, or healthcare provider for help with identified problems.
- The decision whether and where to refer should always be made jointly by the Marine and the health care provider doing assessment
- If the Marine has admitted to significant mental health symptoms but declines referral, ask why.
  - Be alert for denial, minimizing
  - Be alert for fears of career repercussions
  - Be alert for shame and stigma

Completing the Provider Portion of the PDHRA, Items 1-8

1. Review symptoms and deployment concerns: note whether Marine's responses were confirmed or amended
2. Ask behavior risk questions (suicidal or homicidal/ assault ideation): assess frequency and severity
3. Conduct risk assessment if SI or HI present or uncertain
4. Record additional concerns elicited during interview
5. Identify specific physical, mental, or exposure concerns and rate severity
6. Check off which referrals will be made
7. Additional comments
8. Provider name and signature

Completing the Ancillary/Admin. Portion of the PDHRA

- Items 9 and 10 can be filled out by clinical administrative staff, such as corpsmen
- Item 9: Whether Marine complied with the interview process, and accepted recommended referrals
- Item 10: Which specific referrals were made

Additional Resources for Clinicians: Medical and Mental Health

- DoD/VA Clinical Practice Guidelines: www.oqp.med.va.gov/cpg
- Deployment Health Clinical Center:

  866-558-1627, www.pdhealth.mil
- MyHealthVet: www.myhealth.va.gov
- National Center for PTSD: www.ncptsd.va.gov
- MCCS Deployment Support: www.usmc-mccs.org/deploy/ml/index.cfm
- Naval Environmental Health Center: www-nehc.med.navy.mil
- Leaders Guide to Managing Marines in Distress: www.usmc-mccs.org/leadersguide/

Mental Health Referral Resources

- Military Medical Treatment Facilities: www.tricare.osd.mil
- MCCS Counseling Services: at each installation
- MCCS OneSource: 1-800-869-0278, www.mccsonesource.com (user ID: marines, password: semper fi)
- Operational Stress Control and Readiness (OSCAR) Teams: at each MEF and/or Division
- Religious ministry teams: in each unit
- Vet Centers: www.va.gov/rcs
- Veterans Health Administration facilities: www.va.gov/directory